Name in Full

Certificate of Death

Margarette Eleanor Allnutt

Died at Town: Dawsonville County: Montgomery MARYLAND

Date 189 9 Month: March Day: 30 Age Y. 1 M. 8 D. 10 Native of: Md. Occupation:

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name: Nathan S. Allnutt Mother's Name: Myra E. Allnutt

Cause of Death: Primary: Ileo Colitis 87 How long sick: 7 months

Immediate: Broncho Pneumonia ~~Accident, Suicide, Homicide~~

Reported by: Dr W Haddox M.D.

Address: Dawsonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full — Certificate of Death

Elizebeth Arnold.

Died at — Town: Germantown — County: Montgomery — MARYLAND

Date 1899 — Month: 3. Day: 25 — Age: Y. 85 M. – D. – — Native of: Md — Occupation: Housewife

[redacted] — White — Married — Widow — [redacted]

Female — ~~Colored~~ — ~~Single~~ — ~~Widow~~ — Number of children living 6

[redacted] of Wife: Henry Arnold

Father's Name: Henry Oden — Mother's Name: Anne Oden.

Cause of Death — Primary: General Debility 141 — How long sick: 3 days

Immediate: Paralysis — [redacted]

Reported by: J. N. Simpers, M.D.

Address: Germantown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles Roger Bacon

Town: Brinklow — County: Montgomery — MARYLAND

Died at Brinklow, Montgomery, MARYLAND

Date 1899 Month: March Day: 8 | Age Y. 1 M. D. | Native of Brinklow | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name: Charles Bacon

Mother's Name: Rose Bacon

Cause of Death: Primary: Pneumonia 72 — How long sick: 10 days

Immediate: "

Accident, Suicide, Homicide

Reported by: Aug Stabler M.D.

Address: Brighton. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Edward Darby

Certificate of Death

Town Near Laytonsville County Montgomery

Died at MARYLAND

Month March Day 28 Y. 94 M. D. Native of Maryland Occupation Farmer

Date 189 9

Age

Male ~~Female~~ White ~~Coloured~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Grip 9 — How long sick 3 months

Immediate Nervous Prostration — ~~Accident, Suicide, Homicide~~

Reported by E. C. Etchison

Address Gaithersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76808

Name in Full

Samuel Fitzhugh

Certificate of Death

Died at Town Washington Grove County Montgomery MARYLAND

Date 1899 Month March Day 16th | Age Y. 30 M. D. | Native of Maryland | Occupation Labor

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living none

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Thomas Fitzhugh

Mother's Name Mary Fitzhugh

Cause of Death: ~~Primary~~ Immediate Consumption

How long sick

~~Accident, Suicide, Homicide~~

Reported by E E Stonestreet M.D.

Address Rockville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Moses Fox

Town | County

Died at Norbeck Montgomery MARYLAND

Date 1899 Month 8 Day 26 | Age Y. 9 M. 8 D. | Native of Maryland | Occupation —

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Ben - Fox | Mother's Name Sadie Fox

Cause of Death: Primary Pneumonia 72 | How long sick 4 days

Immediate Consolodation of lungs | Accident, Suicide, Homicide

Reported by Roger Burke

Address Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Bertha F. Green

Certificate of Death

Died at Town Rockville County Montgomery — MARYLAND

Date 189 4 Month March Day 29 | Age Y. 7 M. months D. | Native of Rockville | Occupation —

Male / Female — | White / Colored — | Married — Single — | Widow — Widower — | Divorced — | Number of children living none

Husband of Wife

Father's Name Henry Green

Mother's Name Edith Reddig

Cause of Death — Primary Exposure — Immediate Pneumonia

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Edward Anderson.

Address Rockville, Maryland —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full | Certificate of Death

Ellen E. Hyatt

Died at Town: Avery County: Montgomery MARYLAND

Date 1899 Month: 3 Day: 3 | Age Y. 66 M. 5 D. 3 | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: ~~George~~ Hyatt | Mother's Name: —

Cause of Death: Primary: Rupture of Blood vessel | How long sick: 10 days

Immediate: apoplexy 42 | ~~Accident, Suicide, Homicide~~

Reported by: Roger Brooks

Address: Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Wm. Marshall Lowe

Town

Died at Potomac

County

Montgy

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Mch.	20	Age 65	—	—	Maryland	Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Martha E. Lowe

Father's Name —

Mother's Name —

Cause of Death — Primary: Chronic Hepatitis — How long sick 17 yrs

Immediate: — 92 —

~~Accident Suicide Homicide~~

Reported by J. M. Linthicum M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

James Odin

Died at Town: Drewood County: Montgy MARYLAND

Date 1899 Month: Mch. Day: 14 Age Y. 14 M. 8 D. 26 Native of: Maryland Occupation: Schoolboy

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of _____

Father's Name: John Odin

Mother's Name: Mary Jane Odin

Cause of Death: Primary: Typhoid Pneumonia

Immediate:

How long sick: 14 days

~~Accident, Suicide, Homicide~~

Reported by: O. M. Linthicum M.D.

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs Rachel A. Payne

Died at Great Falls — County Montgomery — MARYLAND

Date 189 9. — Month 3 — Day 14" — Age Y. 55 (?) M. — Native of Baltimore, Md. — Occupation Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ Wife of Samuel Payne

Father's Name — Mother's Name —

Cause of Death — Primary: Bright's Disease — 97 — How long sick ?

Immediate:

~~Accident~~, ~~Suicide~~ Homicide

Reported by H. J. Pratt, M.D.

Address Potomac, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 83968

Name in Full John Posey

Certificate of Death

Died at Town Cabin John County Monty MARYLAND

Date 189 9 Month 3 Day 2 Age Y. 84 M. D. Native of Virginia Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband ~~Wife of~~ Margaret Posey

Father's Name Ashel Posey Mother's Name Annie Posey

Cause of Death Primary Pneumonia How long sick About 7 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by W. I. Pratt M.D.

Address Poloma Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm Alfred Rabbitt — Certificate of Death

Died at Town Wheaton County Montgy MARYLAND

Date 1899 Month Mar Day 22, Age Y. 40 M. - D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Susan Kemp Rabbitt

Father's Name x Mother's Name x 42

Cause of Death: Primary Cerebral Meningitis — How long sick 4 days

Immediate Hemiplegia — ~~Accident, Suicide, Homicide~~

Reported by D W L Lewis

Address Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69968

Name in Full

Certificate of Death

Emma Ricketts

Died at Town: Rockville County: Montgomery MARYLAND

Date 189 Month: March Day: 2nd | Age Y. 32 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 3

~~Husband~~ ~~Wife~~ of Wallace Ricketts

Father's Name J. J. Mullican

Mother's Name Harriett Mullican

Cause of Death: ~~Primary~~ Immediate Pneumonitis 43

How long sick One week

Accident, Suicide, Homicide

Reported by E E Stonestreet M D

Address Rockville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full

Charles B. Smith

Certificate of Death

Died at ~~Town~~ Bethesda County Montgomery MARYLAND

Date 1899 Month March Day 3 | Age Y. 74 M. 3 D. 4 | Native of Virginia | Occupation Farmer

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~

Husband / ~~Wife~~ of Martha Smith

Number of children living 4

Father's Name ✓

Mother's Name ✓

Cause of Death — Primary: Senility 141

Immediate: Bronchitis

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Jno. L. Lewis, M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Helen Stevens

Certificate of Death

Town Cabin John County Mont'g

Died at MARYLAND

Date 189 9 Month 3 Day 6" Age Y. 3 ~~M.~~ ~~D.~~ Native of Md ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widow~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Chas Stevens

Mother's Name Mary Stevens

Cause of Death: Primary Pneumonia 72

Immediate

How long sick 9 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. J. Pratt M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

OVER

LIBRARY BUREAU, 79808

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Mary Stevenson

Town

County

Died at Piedmont Monongalia MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899. March 6		Age 3	—	—	Maryland	Child

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ Number of children living #

Husband of

Wife

Father's Name Chas - Stevenson

Mother's Name Mary Cook

		How long sick
Cause of Death	Primary Pneumonia	3 days
	Immediate " "	Accident, Suicide, Homicide

OVER

Reported by Henry Herbert

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74929

Attended by Dr. _____

" _____

Seen by Coroner _____

of _____

Information contained in this certificate

ceived from _____

of _____

Name in Full Caroline Swartzlack

Certificate of Death

Died at Town: Near Quince Orchard County: P.O. Montgomery MARYLAND

Date 1899 Month 3 Day 22 Age Y. 65 M. " D. Native of Germany Occupation Lady

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of J. Swartzlack

Father's Name Mother's Name

Cause of Death: Primary Pneumonia 72 How long sick 2 Weeks

Immediate " ~~Accident, Suicide, Homicide~~

Reported by T. C. Groomes Undertaker

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. H. E. Etchison 4-25
of Gaithersburg Md.

Information recd. from
Mrs M. T. Swartzback
Cloppers Md.

Name in Full: Miss Elizabeth Wallace

Certificate of Death

Died at Town: Rockville County: Montgomery MARYLAND

Date 1899 Month: March Day: 10th Age Y. 88 M. D. Native of Maryl^d Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: William Wallace

Mother's Name: ~~[illegible]~~

Cause of Death: Primary: Locomotor Ataxia — How long sick: One year

Immediate: Marasmus 40 — Accident, Suicide, Homicide

Reported by: E. E. Stonesheet M.D.

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 05968

Name in Full

Certificete of Death

Frank Dewey Ward.

Died at Olney (Town) Montgomery (County) MARYLAND

Date 1899 March (Month) 25 (Day) | Age Y. 7 M. 6 D. | Native of Maryland | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of — Brown.

Father's Name

Mother's Neme Agnes Brown.

Cause of Death: Primary — Pneumonia ? — How long sick 10 days.

Immediate — Croupous Pneumonia. — ~~Accident, Suicide, Homicide~~

Reported by Chas. Farquhar, M.D.

Address Olney Montgomery Co.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Edward West

Certificate of Death

Died at Town Spencerville County Mont. MARYLAND

Date 1899 Month Mar Day 19 Age Y. M. D. Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wm Milstead (Undertaker)

Address Laurel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr. Batson
of Spencerville.